

**MOVEMENT ARTS, HEALTH PROMOTION, AND LEISURE STUDIES  
BRIDGEWATER STATE UNIVERSITY  
BRIDGEWATER, MASSACHUSETTS 02325  
LETTER OF RECOMMENDATION**

**TO BE COMPLETED BY THE APPLICANT**

Telephone Primary Home \_\_\_\_\_ Day Time \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number and Street Apartment/Suite

City State or Country Zip Code/

E-mail address \_\_\_\_\_

Under the provisions of the Family Education Rights and Privacy Act of 1974, you have the right, if you are admitted to a program at Bridgewater State College, to review your education records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive your right and sign your name.

Waive  Do not waive any right of access to this recommendation

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE RESPONDENT**

The person whose name appears above has applied to the undergraduate Athletic Training Education Program (ATEP) as part of the Bachelor of Science degree program in Athletic Training. Your evaluation of the applicant will assist the Undergraduate ATEP Director and the Athletic Training education faculty in making a decision.

I. How long have you know the applicant and in what capacity? \_\_\_\_\_

II. In comparison with others you have taught, worked with, or supervised, please rate the applicant on the factors below using the following scale:

1. No basis for judgment      3. Average – Upper 50%      5. Very Good – Upper 10%  
2. Below average              4. Good – Upper 20%        6. Outstanding – Upper 5%

	1	2	3	4	5	6
A. Breath of general knowledge						
B. Written communication skills						
C. Oral communication skills						
D. Ability to analyze a problem and formulate a solution						
E. Acceptance of responsibility						
F. Independence and ability to work on their own						
G. Motivation						
H. Dependability						
I. Judgment						
J. Reaction to criticism						
K. Ethical sensitivity						
L. Ability to work in a group						
M. Creativity						
N. Positive attitude						
O. Leadership						
P. Emotional maturity						

Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for study in athletic training. Please add any other information you consider pertinent. If you have observed this individual perform specific athletic training skills, please describe your relationship to the applicant and comment on the strengths and weakness of their performance.

III. Please check the category below which most accurately describes the applicant's ability to successfully complete the Master of Science degree in Athletic Training:

- |          |                                   |          |                    |
|----------|-----------------------------------|----------|--------------------|
| 1. _____ | Not recommended                   | 3. _____ | Recommended        |
| 2. _____ | Recommended, but with reservation | 4. _____ | Highly recommended |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Apartment/Suite

\_\_\_\_\_ City State or Country Zip Code

Daytime Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Return completed letter of recommendation by March 1 directly to:

DR. SUANNE MAURER-STARKS, ATEP DIRECTOR  
BRIDGEWATER STATE UNIVERSITY  
ADRIAN TINSLEY CENTER, ROOM 225  
325 PLYMOUTH STREET  
BRIDGEWATER, MA 02325